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JUL 0 6 1999 🗟

KEN FICHARDSON

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TOTAL CHIEF PATENT COUNSEL

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Brenda E. Brantlev	(Depositor's name)
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June 29, 1999	(Date)
EXAMINER AND GROUP ART UNIT	DATE MAILED

APPLICATION NO. FILING D		FILING DATE	TOTAL CLAIMS		EXAMINER AND GROUP ART UNIT		
	08/939,844	09/29/97	011	CHAPMAN.	M	1753	03/29/99
First Named Applicant	RAMANATHAN	١.,	35	USC 154(b)	term ext. =	0 Days	ē s

TITLE OF

INVENTION CADMIUM-FREE JUNCTION FABRICATION PROCESS FOR CUINSE2 THIN FILM SOLAR

ATTY'S DOCKET NO.	ATTY'S DOCKET NO. CLASS-SUBCLASS BATCH NO. APPLN. TYP		E SMALL ENTITY		FEE DUE	DATE DUE		
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. 2. For print (1) the nare attorneys of the name member a and the name member at any of the name			(1) the name attorneys or the name of member a r and the name	nting on the patent front page, list mes of up to 3 registered patent or agents OR, alternatively, (2) of a single firm (having as a registered attorney or agent) ames of up to 2 registered patent or agents. If no name is listed, no				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE Midwest Research Institute				D Joseph Soc				
(B) RESIDENCE: (CITY & STATE OR COUNTRY) Kansas City, Missouri Please check the appropriate assignee category indicated below (will not be printed on the patent) □ Individual □ corporation or other private group entity □ government			4b: The following fees or deficiency in these fees should be charged to: DEPOSIT ACCOUNT NUMBER (ENCLOSE AN EXTRA COPY OF THIS FORM) Size fee Advance Order - # of Copies 5					
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